



\$262

PTO/SB/17(09/00)
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FEE TRANSMITTAL FOR FY 2002

TOTAL AMOUNT OF PAYMENT (\$) \$162.00

Complete if Known:

Application No. 09/904,271
Filing Date July 11, 2001
First Named Inventor Hawley K. Rising III
Group Art Unit 2622
Examiner Name ****
Attorney Docket No. 080398.P504

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APR 02 2002
Technology Center 2600

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666
Deposit Account Name _____

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check
_____ Money Order
_____ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|------------------------------------|----------|
| Code | Fee (\$) | Code | Fee (\$) | | |
| 101 | 740 | 201 | 370 | Utility application filing fee | _____ |
| 106 | 330 | 206 | 165 | Design application filing fee | _____ |
| 107 | 510 | 207 | 255 | Plant filing fee | _____ |
| 108 | 740 | 208 | 370 | Reissue filing fee | _____ |
| 114 | 160 | 214 | 80 | Provisional application filing fee | _____ |

SUBTOTAL (1) \$ _____

2. EXTRA CLAIM FEES

| | | Extra Claims | Fee from below | Fee Paid |
|--------------------|-----------|-------------------|----------------|-----------------|
| Total Claims | <u>29</u> | - 20** = <u>9</u> | X <u>18.00</u> | = <u>162.00</u> |
| Independent Claims | <u>3</u> | - 3** = <u>0</u> | X _____ | = _____ |
| Multiple Dependent | | | _____ | = _____ |

**Or number previously paid, if greater; For Reissues, see below.

| Large Entity | | Small Entity | | Fee Description |
|--------------|----------|--------------|----------|---|
| Code | Fee (\$) | Code | Fee (\$) | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 |
| 102 | 84 | 202 | 42 | Independent claims in excess of 3 |
| 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |
| 109 | 84 | 209 | 42 | **Reissue independent claims over original patent |
| 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) \$ 162.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

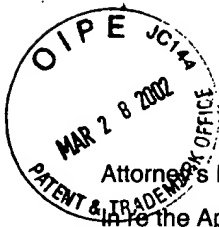
| <u>Large Entity</u> | | <u>Small Entity</u> | | <u>Fee Description</u> | <u>Fee Paid</u> |
|---------------------------|----------|---------------------|----------|--|-----------------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | _____ |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | _____ |
| 139 | 130 | 139 | 130 | Non-English specification | _____ |
| 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination | _____ |
| 099 | 8,800 | 099 | 8,800 | Request for inter partes reexamination | _____ |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | _____ |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | _____ |
| 115 | 110 | 215 | 55 | Extension for reply within first month | _____ |
| 116 | 400 | 216 | 200 | Extension for reply within second month | _____ |
| 117 | 920 | 217 | 460 | Extension for reply within third month | _____ |
| 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | _____ |
| 128 | 1,960 | 228 | 980 | Extension for reply within fifth month | _____ |
| 119 | 320 | 219 | 160 | Notice of Appeal | _____ |
| 120 | 320 | 220 | 160 | Filing a brief in support of an appeal | _____ |
| 121 | 280 | 221 | 140 | Request for oral hearing | _____ |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | _____ |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | _____ |
| 141 | 1,280 | 241 | 640 | Petition to revive - unintentional | _____ |
| 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) | _____ |
| 143 | 460 | 243 | 230 | Design issue fee | _____ |
| 144 | 620 | 244 | 310 | Plant issue fee | _____ |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | _____ |
| 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) | _____ |
| 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | _____ |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | _____ |
| 146 | 740 | 246 | 370 | For filing a submission after final rejection (see 37 CFR 1.129(a)) | _____ |
| 148 | 110 | 248 | 55 | Statutory Disclaimer | _____ |
| 149 | 740 | 249 | 370 | For each additional invention to be examined (see 37 CFR 1.129(b)) | _____ |
| 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | _____ |
| 169 | 900 | 169 | 900 | Request for expedited examination of a design application | _____ |
| 195 | 300 | 195 | 300 | Publication fee for early, voluntary, or normal pub. | _____ |
| 196 | 300 | 196 | 300 | Publication fee for republication | _____ |
| 194 | 130 | 194 | 130 | Request for voluntary publication or republication | _____ |
| 098 | 130 | 098 | 130 | Processing fee under 37 CFR 1.17(i) (except provisionals) | _____ |
| 091 | 1,280 | 091 | 1,280 | Acceptance of unintentionally delayed claim for priority | _____ |
| Other fee (specify) _____ | | | | | _____ |
| Other fee (specify) _____ | | | | | _____ |
| | | | | SUBTOTAL (3) | \$ _____ |

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Sheryl Sue Holloway

Signature: _____

Date: APRIL 12, 2002Reg. Number: 37,850Telephone Number: (408) 720-8300



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APR 02 2002

Patent

Technology Center 2600

Attorney's Docket No.: 080398.P504

In re the Application of: Hawley K. Rising III, et al.

(inventor(s))

Application No.: 09/904,271

Filed: July 11, 2001

For: A TWO-STAGED MAPPING FOR APPLICATION SPECIFIC MARKUP AND BINARY
ENCODING

(title)

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

SIR: Transmitted herewith is a Preliminary Amendment for the above application.

Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) |
|--|-----------------------------------|-------|---------------------------------------|------------------|
| | Claims Remaining After Amd. | | Highest No. Previously Paid For | Present Extra |
| Total Claims | * 29 | Minus | **20 | 9 |
| Indep. Claims | * 3 | Minus | ***3 | 0 |
| First Presentation of Multiple Dependent Claim(s) | | | | |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

| SMALL ENTITY | |
|-------------------|-------------------|
| Rate | Additional Fee |
| X9 | \$ |
| X40 | \$ |
| +135 | \$ |
| Total Add. Fee | \$ |

| OTHER THAN A SMALL ENTITY | |
|------------------------------|-------------------|
| Rate | Additional Fee |
| X18 | \$ 162 |
| X80 | \$ 0 |
| +270 | \$ 0 |
| Total Add. Fee | \$ 162 |

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

on

Date of Deposit

Name of Person Mailing Correspondence

Signature

Date

X A check in the amount of \$ 162.00 is attached for presentation of additional claim(s).
 Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

 A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.
 Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

A duplicate copy of this sheet is enclosed.

 X The Commissioner of Patents and Trademarks is hereby authorized to charge payment of the
following fees associated with this communication or credit any overpayment to Deposit Account
No. 02-2666 (a duplicate copy of this sheet is enclosed):

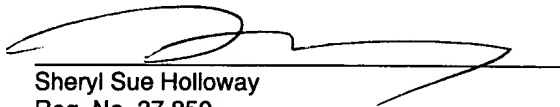
 X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
extra claims.

 X Any extension or petition fees under 37 C.F.R. § 1.17.

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: MPN 12/13, 2002

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Sheryl Sue Holloway
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